

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION | INITIALS | ID NO. | DATE |
|---------------------------|-------------|--------|---------|
| FEE DETERMINATION | | | |
| O.I.P.E. CLASSIFIER | | | 5-5-01 |
| FORMALITY REVIEW | | 9.171 | 5/21/01 |
| RESPONSE FORMALITY REVIEW | 1103 TSP | 110 | 5/21/01 |

INDEX OF CLAIMS

✓ Rejected N Non-elected
 = Allowed I Interference
 — (Through numeral)... Canceled A Appeal
 ÷ Restricted O Objected

| Claim | Date |
|-------------|------|
| Final 6 | 1 |
| Original 23 | 5-1 |
| Original 03 | C1 |
| 1 ✓ ✓ | |
| 2 ✓ ✓ | |
| 3 ✓ ✓ | |
| 4 ✓ ✓ | |
| 5 ✓ ✓ | |
| 6 ✓ ✓ | |
| 7 ✓ ✓ | |
| 8 ✓ ✓ | |
| 9 ✓ ✓ | |
| 10 ✓ ✓ | |
| 11 ✓ ✓ | |
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| 13 ✓ ✓ | |
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| 39 ✓ ✓ | |
| 40 ✓ ✓ | |
| 41 ✓ ✓ | |
| 42 ✓ ✓ | |
| 43 ✓ ✓ | |
| 44 ✓ ✓ | |
| 45 ✓ ✓ | |
| 46 ✓ ✓ | |
| 47 ✓ ✓ | |
| 48 ✓ ✓ | |
| 49 ✓ ✓ | |
| 50 ✓ ✓ | |

| Claim | Date |
|-------------|------|
| Final 6 | 1 |
| Original 23 | 5-1 |
| Original 03 | 04 |
| 51 ✓ ✓ | |
| 52 ✓ ✓ | |
| 53 ✓ ✓ | |
| 54 ✓ ✓ | |
| 55 ✓ ✓ | |
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| Claim | Date |
|-----------|------|
| Final 101 | |
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If more than 150 claims or 10 actions
staple additional sheet here

(LEFT INSIDE)

REQUEST AVAILABLE COPY

 RSP-1058
 09/21/01